

Kingfisher Healthcare Limited

Somerset House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Somerset House is a residential care home providing accommodation and personal care for up to 24 people. The home specialises in the care of older people. At the time of the inspection there were 20 people living at the home. Accommodation is set out over two floors, with stair lifts to enable people to access all areas.

People's experience of using this service and what we found

People felt safe at the home and with the staff who supported them. There were enough staff available to meet people's needs and keep them safe. Risks to people were identified, and management plans were in place to mitigate the risks. People's medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff respected people's choices and preferences.

People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals to meet people's needs.

People were supported by caring staff who worked towards promoting their dignity and independence.

People felt confident to raise any concerns. People, their relatives and staff commented positively about the management of the service. There were systems in place to monitor the standard of care provided at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 February 2019) and there were breaches of regulation 12, (Safe care and treatment) and regulation 17, (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Somerset House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Somerset House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We gathered this information during the inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service and one relative. We also spoke with the provider, registered manager and seven members of staff, this included the registered manager, the cook, the

activities coordinator, housekeeping staff and care staff. We reviewed a sample of people's care and support records. We also looked at records relating to staff recruitment and the management of the service such as incident and accident records, training records, policies, audits and complaints.

After the inspection

We contacted four health and social care professionals who regularly visit the service. We continued to seek clarification from the registered manager to validate evidence found

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were fully protected from the risk of exposure to hot surfaces. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of exposure to hot surfaces because most of the radiators in the home were now covered. We identified three radiators that were not covered, the registered manager reassured us these did not pose an immediate risk to people. Although they did not pose a risk the provider decided to cover two of these during the inspection.
- Water temperatures were taken to ensure they remained within a safe range. We reviewed water temperatures for the past two months which identified some temperatures were running high. The provider was taking action to ensure these remained within a safe range.
- People received their care safely because risk assessments were carried out and action was taken to minimise risks where appropriate. For example, one person's care plan stated they were at high risk of falls and measures were in place to minimise the risk.
- People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.
- People lived in a home where checks were carried out to maintain their safety. This included testing the fire detection system regularly and lifting equipment.

Using medicines safely

At our last inspection the provider had failed to ensure people were fully protected from the risks relating to the management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored securely and safely, when staff completed the medicines round they ensured the medicines storage area was locked. People received their medicines in single use pots to prevent the risk of cross contamination.
- People received their prescribed medicines safely from staff who had been trained to carry out the task.

Clear records were kept of medicines administered or refused which helped to ensure the effectiveness of medicines could be monitored.

- The medicines administration records (MARs) contained some handwritten entries. These were not always signed and doubled signed by staff to ensure their accuracy. We discussed this with the deputy manager who told us they would address this.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Records were kept of when these were given to people. Protocols were in place to guide staff on how to administer these medicines.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were fully protected from the risk of cross infection, this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider ensured there were hand towels and liquid soap available in communal bathrooms.
- Antibacterial hand gel was available throughout the home.
- People lived in a home that was kept clean. There were a team of dedicated staff responsible for cleaning the home.
- Staff had access to, and used, personal protective equipment such as disposable gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe at Somerset House. One person told us, "Yes I feel safe here, no problems there." Another person told us, "You feel safe with them [staff]." A relative commented, "They have looked after [name of person's] safety."
- People felt safe at the home and with the staff who supported them. One person told us, "I am never frightened here. The staff are all kind, decent people."
- Risks were minimised because staff knew how to recognise and report any suspicions of abuse. Staff were confident that action would be taken by the management team to ensure people's safety if they reported concerns.
- The provider had systems which helped to keep people safe. There had not been any recent safeguarding incidents at the home. The registered manager was aware of their responsibility to report any safeguarding concerns to the relevant authorities.

Staffing and recruitment

- There were suitable numbers of staff to keep people safe and to meet their needs. People said there were always staff available when they required support. One person said, "They give me my fair share of attention, I buzz them, and they usually come quite quick, I do not wait."
- The provider had a recruitment procedure which ensured all staff were checked before they began work. Staff told us they had not been able to begin working at the home until references and checks had been received by the provider.

Learning lessons when things go wrong

- Incidents and accidents were recorded by staff and reviewed by the registered manager. The registered manager took action where required to prevent a reoccurrence. This included referring people to the falls team for additional advice and support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From initial assessments care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and although care plans were basic, staff were able to provide care and support which met their needs. One person told us, "The staff are fantastic and know what they are doing."

Staff support: induction, training, skills and experience

- People were supported by a staff team who had access to a range of training in health and safety and subjects relevant to people's needs. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Although the providers induction did not directly link to the Care Certificate, it did cover standards of care. The Care Certificate ensures staff new to care understand the national minimum standards. The registered manager and provider told us they would look into linking their induction to the Care Certificate.
- Staff were supported in their work. Staff received regular 'One to One' supervision. Staff feedback was positive.

Supporting people to eat and drink enough to maintain a balanced diet

- People were mainly complimentary about the food served at the home. One person told us, "The food varies, it is adequate. We get a choice for each meal." Another person told us, "The food is 95% good, at lunchtime we see the menu for the next day with three items to choose from." People chose where they wanted to eat their meals.
- People had access to adapted cutlery and plates to enable them to maintain their independence during mealtimes.
- Where required people were regularly weighed. Recorded weights evidenced if people were at risk of malnutrition, action was taken to increase calories where they were receiving.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to range of medical professionals to meet their individual needs. One person said, "They will get the doctor for me if I am unwell."
- A nurse practitioner visited the home fortnightly. The registered manager told us how this had been beneficial to people living at the home, because it meant they had access to regular and consistent

healthcare support.

- Staff worked with other healthcare professionals, such as district nurses, to ensure people received the care and support they needed. Some people's relatives arranged appointments for their family members. Records of these visits were not always kept in people's care files. The registered manager told us they would ensure staff recorded these in the health professional log.

Adapting service, design, decoration to meet people's needs

- Somerset House is a large older style building that has been adapted to meet people's needs. It has a range private and communal space for people to use. Bedrooms were set over two floors with stair lifts to enable people to access all areas. The home is situated within an accessible garden.
- The home was well maintained and since the last inspection some areas had been redecorated and refurbished.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people who lived at the home were able to make decisions about their day to day care and support. People told us staff asked their consent before providing any support.
- Where people were not able to consent to their support the registered manager ensured relatives who had the appropriate authority were involved in their care planning.
- We identified one person required a DoLS assessment due to a change in their health needs. We discussed this with the registered manager who confirmed they would submit a DoLS application.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. One person told us, "Staff are lovely and caring." Another commented, "The staff are very caring, very sympathetic and patient and have good empathy. In the pursuit of excellence, the staff show remarkable kindness and patience to achieve this end." Comments from relatives included, "They are a hugely caring team, they are excellent."
- Staff spoke positively about their work and the people they supported. Staff knew people well.
- We reviewed compliments received by the service. One compliment we read stated, "I would like to say a very big thank you to all the staff who have been so kind considerate, patient and caring to [name of person]. I am sure the care has been a huge help to their rehabilitation and the excellent progress they have made."
- People's religious beliefs were recorded in care plans and people were supported to follow their faith if they chose to do so.
- People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time. One relative told us, "We know the staff by first name, they made us feel welcome since day one."

Supporting people to express their views and be involved in making decisions about their care

- In addition to residential care the provider also offered day and short stay care. This enabled people to spend time at the home before making a decision to make it their home.
- People said staff always listened to their views and they received care and support in accordance with their wishes. One person said, "I very much make my own choices and decision they don't force anything on you, you can do what you want."
- Staff described how they supported people to make day to day decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person told us, "They [staff] are respectful when they support me." Another person told us, "I cannot fault them, they respect your privacy." A relative commented, "They chat to [name of person] and tell them what they are doing, they treat them as a person."
- Staff described how they supported people with their independence, for example during personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which set out their individual needs and preferences to make sure staff knew how people wished to be cared for. Care plans covered people's basic needs. Whilst there was some person-centred information available in care plans, some areas required additional information. We discussed this with the registered manager who told us they would review the care plans and ensure this was included. Staff however knew people well and we saw they treated people as individuals.
- People and their relatives were happy with the care and support they received. One person told us, "I am totally happy with how I am being supported." A relative said, "They have dealt with every change of circumstance with brilliance, with every change in need. When care is changing we are involved in reviewing the care plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of activities scheduled throughout the week which people could attend if they chose. People commented positively about the activities on offer. One person told us, "I join in some activities, not all of them. There are a good variety of activities, the activity lady comes in all the time."
- There was an activities coordinator in post who was passionate about people receiving activities that met their needs and preferences. They described how they discussed with people their past interests and anything they might want to do. They gave us an example of how they supported one person who was reluctant to engage in activities by finding out what their interests were. They arranged for an external company to attend the home and discuss the person's interest, which they enjoyed. Since then the person had become more animated and willing to join in and contribute to the activities in the home.
- There were various links with the local community such as the local school, church, police community support, shops and clubs. Throughout the warmer months day trips were arranged to various places of interest.

Improving care quality in response to complaints or concerns

- Although people said they had no complaints they knew how to raise a complaint or concern and were happy they would be listened to and resolved. One person told us, "I've never had to raise a concern, but I would speak to [name of registered manager]." Other comments from people included, "If I was unhappy I would speak to [name of registered manager] they would listen to me" and, "I have never had to raise any concerns, they treat me well."
- There had been no complaints raised by people or their relatives since the last inspection. Systems were in place to manage complaints.

End of life care and support

- People's end of life wishes were recorded in care plans where this had been discussed with them. End of life plans contained basic information relating to people's wishes. We discussed this with the registered manager who told us they would review these to ensure they captured specific details about people's wishes around their end of life experience.
- We viewed compliments from people's relatives about the end of life care their family member received. Compliments included, "We are grateful to you all for the care you gave [name of person], they were comfortable with you and you fulfilled their wish to stay at Somerset House" and, "To all the wonderful staff at Somerset House, thank you so much for looking after [name of person] and keeping them so comfortable, you do an amazing job and we are eternally grateful."
- One person was receiving end of life care at the time of the inspection. The person's relatives told us they were happy with the care their family member received at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

At our last inspection the provider had failed to ensure effective systems were in place to monitor infection control and environmental risks. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were now effective systems in place to monitor standards and address shortfalls. The registered manager and provider completed a range of checks to ensure the home remained safe and people received good care. In addition to formal audits the registered manager spent time with people seeking their views and observing care practices.
- The Care Quality Commission (CQC) had been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management structure in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew who the registered manager was, and they felt able to approach them. Comments from people included, "[Name of registered manager] is a good manager, I mention anything and its done", "[name of registered manager] is very approachable, I can speak to them" and "[name of registered manager] is efficient and very nice, you can talk to them. They listen and has given me some good advice." A relative told us, [name of registered manager] is great and inspiring, they will always have a quick chat and gets involved."
- The registered manager was committed to providing person centred care, they told us, "Everything we do is based around the residents."
- Staff morale was high which created a happy atmosphere for people to live in. During the inspection we heard laughter and people enjoyed good humoured conversations with staff. A relative told us, "We have never heard a raised voice, there's always lots of laughter. Coming into the home is an uplifting experience, the staff are always upbeat, and you are always greeted with a smile."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A survey of people and their relatives' feedback had been completed in February 2019. We reviewed the feedback in the survey which was positive. Where comments were made, the provider had responded and action was taken where required.
- People confirmed residents' meetings were held to discuss items relating to the home. One person told us, "I attend the meetings, they are ok." A quarterly newsletter was created and given to people to keep them updated on relevant subjects such as building works, activities and trips.
- Staff confirmed they attended staff meetings. One staff member said, "We can put our point across in staff meetings."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The registered manager gave examples of where they had applied learning from incidents and they demonstrated their commitment to making improvements to the service.